



9373 Towne Centre Drive  
San Diego, CA 92121  
858-552-2200  
858-552-1936 (FAX)

OFFICIAL

RECEIVED  
CENTRAL FAX CENTER

SEP 30 2003

---

**FACSIMILE TRANSMISSION**

**TO:** Examiner Ruixiang LI **FAX NO.:** (703) 305-3014  
or (703) 308-4242

**FROM:** Mi K. Kim **PHONE NO.:** (858) 458-8494  
**FAX NO.:** (858) 552-1936

**cc:** Milan Vinnola/Arnold & Porter **FAX NO.:** (202) 942-5999

**DATE:** September 30, 2003

**RE:** S/N 10/016,969

---

Number of pages being transmitted (including this cover sheet): 10

including Supplemental Amendment (7 pgs.) and Fee Transmittal (1 pg. in duplicate)

If you do not receive all of the pages, please call Amanda Halverson at  
(858) 642-7235. Thank you.

---

**PLEASE DELIVER IMMEDIATELY!**

*This facsimile and the information it contains are intended to be a confidential communication only to the person or entity to whom it is addressed. If you have received this facsimile in error, please notify us by telephone and return the original fax to this office by mail.*

**COMMENTS:**

**Please acknowledge receipt by signing and faxing back a copy of this transmittal form. Thank you.**

**Received:** \_\_\_\_\_ **Time:** \_\_\_\_\_

PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL  
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 327


## Complete If Known

Application Number	10/016,969
Filing Date	December 14, 2001
First Named Inventor	PITTNER et al.
Examiner Name	Ruixiang LI
Art Unit	1846
Attorney Docket No.	0401-UTL-0/18528.010

**OFFICIAL  
RECEIVED  
CENTRAL FAX CENTER  
SEP 30 2003**

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>3. ADDITIONAL FEES</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>Large Entity</b> <b>Small Entity</b>	
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	Amylin Pharmaceuticals, Inc.		
Deposit Account Name	01-0535		
<b>The Director is authorized to: (check all that apply)</b>			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments			
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
<b>Large Entity</b>	<b>Small Entity</b>		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)		(\$) 0	
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	117	-90 **	= 27
Independent Claims	16	-14 **	= 2
Multiple Dependent			= 0
<b>Large Entity</b>	<b>Small Entity</b>		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
SUBTOTAL (2)		(\$) 327	
<b>3. ADDITIONAL FEES</b>			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,870	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
SUBTOTAL (3)		(\$) 0	

\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	MI K. Kim	Registration No. Attorney/Agent	44,830
Signature		Telephone	858.458.8494
		Date	Sept. 30, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

## PATENT

Atty Docket No. 0401-UTL-0/18528.010

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. Serial No. : 10/016,969  
Applicant : Pittner *et al.*  
Filed : December 14, 2001  
TC/A.U. : 1646  
Examiner : Ruixiang Li

Confirmation No.: 7314

Mail Stop No Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

## SUPPLEMENTAL AMENDMENT

Sir:

As a supplement to the complete Response and Request for Continued Examination filed on September 22, 2003, in response to the final Office Action mailed June 18, 2003, Applicants herewith submit a supplemental amendment to correct typographical errors and introduce additional claims. No new matter is being added by the instant amendment.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at Technology Center 1600 (Art Unit 1646) at 703-305-3014 on this 30<sup>th</sup> day of September 2003.

  
Cassandra Peters